



CT-33-A

New York State Department of Taxation and Finance

Insurance Corporation

Combined Franchise Tax Return

Tax Law — Article 33

1998 calendar yr. filers, check box
Other filers enter tax period:

beginning
ending

Main form section containing Employer identification number, Mailing name and address, and various checkboxes for overpayment and business status.

Schedule K — Computation of Tax and Installment Payments of Estimated Tax

Table with 33 rows for tax computation, including lines for combined allocated net income, capital, alternative base, minimum tax, insurance premiums, and total tax due.

	Parent
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Schedule L - Computation of Combined Allocation Percentage

34 New York premiums from Form CT-33, Schedule B, line 37	34	
35 Total premiums from Form CT-33, Schedule B, line 38	35	
36 New York premiums percentage (divide line 34 by line 35)	36	
37 Weighted New York premiums percentage (multiply line 36 by nine)	37	
38 New York wages from Form CT-33, Schedule B, line 41	38	
39 Total wages from Form CT-33, Schedule B, line 42	39	
40 New York payroll percentage (divide line 38 by line 39)	40	
41 Total New York percentages (add lines 37 and 40)	41	
42 Combined allocation percentage (divide line 41 by ten)	42	

Schedule M - Computation of Combined Subsidiary Allocation Percentage

43 New York subsidiary capital from Form CT-33, Schedule C, line 47	43	
44 Total subsidiary capital from Form CT-33, Schedule C, line 46, column E	44	
45 Combined subsidiary allocation percentage (divide line 43 by line 44)	45	

Schedule N - Computation of Combined Allocated New York Income

46 Entire net income from Form CT-33, Schedule G, line 88	46	
47 Combined allocated entire net income (multiply line 46 by line 42; enter here and in box on line 1)	47	

Schedule O - Computation of Combined Allocated New York Capital

48 Business and investment capital from Form CT-33, Schedule D, line 57	48	
49 Combined allocated capital (multiply line 48 by line 42; enter here and in box on line 2)	49	

Schedule P - Computation of Combined Allocated Subsidiary Capital

50 Subsidiary capital from Form CT-33, Schedule D, line 54	50	
51 Combined allocated subsidiary capital (multiply line 50 by line 45; enter here and on line 5)	51	

Schedule Q - Analysis of Schedule H, Form CT-33

52 Life insurance company premiums from Form CT-33, Schedule H, line 93, column A (enter combined total here and on line 7) . . .	52	
Nonlife insurance company premiums:		
53 Accident and health premiums from Form CT-33, Schedule H, line 94, column A (enter combined total here and on line 8) . .	53	
54 Other insurance premiums from Form CT-33, Schedule H, line 95, column A (enter combined total here and on line 9)	54	

Schedule R - Limitation on Tax

55 Life insurance company premiums from Form CT-33, line 99	55	
56 Nonlife insurance company premiums from Form CT-33, line 99	56	

Schedule S - Computation of Issuer's Allocation Percentage

57 New York gross direct premiums from Form CT-33, Schedule J, line 121	57	
58 Total gross direct premiums from Form CT-33, Schedule J, line 122	58	
59 Issuer's allocation percentage (divide line 57 by line 58; enter here and on line 33)	59	

List complete names and employer identification numbers for all members of this combined group (attach additional pages, if necessary).

Names	Employer Identification Number
Parent	
Subsidiary #1	
Subsidiary #2	
Subsidiary #3	
Subsidiary #4	
Subsidiary #5	
Subsidiary #6	

Subsidiary #1	Subsidiary #2	Subsidiary #3	Subsidiary #4	A Total	B Intercorporate Eliminations	C Combined Totals (col. A – col. B)
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Schedule L

					•	34 •
						35 •
						36 • %
						37 • %
						38 •
						39 •
						40 • %
						41 • %
						42 • %

Schedule M

					•	43 •
					•	44 •
						45 • %

Schedule N

					•	46 •
						47 •

Schedule O

					•	48 •
						49 •

Schedule P

					•	50 •
						51 •

Schedule Q

						52 •
						53 •
						54 •

Schedule R

						55
						56

Schedule S

						57
						58
						59 %

Composition of Prepayments Claimed on line 21

		Date Paid	Amount
60	Mandatory first installment of combined group	60	
61	CT-400 installments of combined group	61 (1)	
		(2)	
		(3)	
62	Payment with extension application, Form CT-5.3, line 8	62	
63	Credit from prior years combined return	63	
64	Credit from Form CT-33-M	64 Period	
65	Total prepayments from subsidiaries not previously included in combined return	65	
66	Total prepayments (add lines 60 through 65; enter here and on line 21)	66	

Certification. I certify that this return and any attachments are to the best of my knowledge and belief true, correct, and complete.

Signature of elected officer or authorized person		Official title	Date
Paid Preparer Use Only	Firm's name (or yours if self-employed)	ID number	Date
	Address	Signature of individual preparing this return	

Mail your return to: **NYS CORPORATION TAX, PROCESSING UNIT, PO BOX 22038, ALBANY NY 12201-2038**

When and Where to File

File your return within 2½ months after the end of your reporting period. If you are reporting for the calendar year, file your return on or before March 15. If your filing date falls on a Saturday, Sunday, or legal holiday, then you must file your return on or before the next business day. Mail your return to: NYS Corporation Tax, Processing Unit, PO Box 22038, Albany, NY 12201-2038.

Private Delivery Services

The date recorded or marked by certain private delivery services, as designated by the U.S. Secretary of the Treasury or the Commissioner of Taxation and Finance, will be treated as a postmark, and that date will be considered to be the date of delivery in determining whether your return was filed on time. (Designated delivery services are listed in Publication 55, *Designated Private Delivery Services*. See *Need Help?* below for information on ordering forms and publications.) If you use **any** private delivery service, address your return to: **State Processing Center, 431C Broadway, Menands NY 12204.**

Privacy Notification

The right of the Commissioner of Taxation and Finance and the Department of Taxation and Finance to collect and maintain personal information, including mandatory disclosure of social security numbers in the manner required by tax regulations, instructions, and forms, is found in Articles 8, 9, 9-A, 13, 19, 27, 32, 33, and 33-A of the Tax Law; and 42 USC 405(c)(2)(C)(i).

The Tax Department will use this information primarily to determine and administer corporate tax liabilities under the Tax Law, for certain tax refund offsets, and for any other purpose authorized by law.

Failure to provide the required information may result in civil or criminal penalties, or both, under the Tax Law.

This information will be maintained by the Director of the Registration and Data Services Bureau, NYS Tax Department, Building 8 Room 924, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the U.S. and outside Canada, call (518) 485-6800.

Need Help?

Telephone Assistance is available from 8:30 a.m. to 4:25 p.m. (eastern time), Monday through Friday. **For business tax information and forms**, call the Business Tax Information Center at 1 800 972-1233. **For general information**, call toll free 1 800 225-5829. **To order forms and publications**, call toll free 1 800 462-8100. **From areas outside the U.S. and outside Canada**, call (518) 485-6800.

Fax-on-Demand Forms Ordering System - Most forms are available by fax 24 hours a day, 7 days a week. Call toll free from the U.S. and Canada 1 800 748-3676. You must use a Touch Tone phone to order by fax. A fax code is used to identify each form.

Internet Access - <http://www.tax.state.ny.us>

Access our website for forms, publications, and information.

Hotline for the Hearing and Speech Impaired - If you have access to a telecommunications device for the deaf (TDD), you can get answers to your New York State tax questions by calling toll free from the U.S. and Canada 1 800 634-2110. Assistance is available from 8:30 a.m. to 4:15 p.m. (eastern time), Monday through Friday. If you do not own a TDD, check with independent living centers or community action programs to find out where machines are available for public use.

Persons with Disabilities - In compliance with the Americans with Disabilities Act, we will ensure that our lobbies, offices, meeting rooms, and other facilities are accessible to persons with disabilities. If you have questions about special accommodations for persons with disabilities, please call the information numbers listed above.

Mailing Address - If you need to write, address your letter to: NYS Tax Department, Taxpayer Assistance Bureau, W A Harriman Campus, Albany NY 12227.